

Junior Kindergarten Program Registration2024/2025

Child's Name:		B	Birth Date:	///	 yy		
Address:	City:	F	Province:	Postal Code:	:		
Home Phone:	Primary e-r	nail address:					
Parent 1		Parent	: 2				
Cell Phone		Cell Ph	one				
Work Phone		Work P	Phone				
E-mail		 E-mail					
Ganon Sched	luling Opt	ions and	Monthly Pri	icing			
FULL DAYS Monday to Friday Monday, Wednesday, Friday	\$605 \$327	Ear	rly Morning Care r After Care runs f \$2.50/day – N \$4 – Dr	from 5:00 – 6: Nonthly Rate	00		
ADD AN AFTERNOON Subject to availability	<u>\$76</u>						
□ Monday □ Tuesday Art Body Moveme		Wednesday Music	☐ Thursday Swimming Le	essons	Friday Science		
FOR OFFICE USE ONLY							
+ () =							

of Afternoons (afternoon price)

Monthly Rate

Mon-Fri Price

Refund Policy and Payment Plans

Deposit

as per above.

- A non-refundable deposit of 50% of the first month's preschool tuition is required at the time of registration and will be applied towards your first tuition payment
- Payment arrangements must be completed at time of registration
- Tax forms will be under the name of the payee
- You must be a member of the Soloway JCC in order to register for the Ganon Preschool. A membership must be purchased by August 31, 2024.
- Changes after Sept. 1, 2024 are subject to a \$45 administrative fee
- Changes that reduce hours of care are subject to a 1-month fee

50% of the first month's preschool tuition						
	Cheque					
	Credit card					
Name:_						
Credit C	ard Number:	_ Expiry:	CCV:			

By signing this form I accept the terms and conditions of the form and agree to pay the fees

Date:

Signature: